MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034697 STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2444

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 4000
2 4031
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

FILED AUG 19 1963

1. PLACE OF DEATH
a. COUNTY: SAINT LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON BARRACKS, MO.
Length of stay in 1b: 47 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSPITAL
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: St Louis
c. CITY OR TOWN: NORMANDY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3835 ST ANN LANE
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LEO Middle D. Last WEBER
4. DATE OF DEATH: Month JULY Day 31 Year 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 11-2-05
9. AGE (last birthday): 57 YEARS IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUTTER MACHINE
10b. KIND OF BUSINESS OR INDUSTRY: SHOE COMPANY
11. BIRTHPLACE (City and state or country): SAINT LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: LEO WEBER
13b. MOTHER'S MAIDEN NAME: GERTRUDE SKAGGS
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates): WW-11
16. SOCIAL SECURITY NO.:
17. INFORMANT: CLATIE KROENLEIN Address: NORMANDY, MISSOURI 3835 ST ANN LANE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: Few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ATRIAL FIBRILLATION — 6 YEARS
DUE TO (c): RHEUMATIC HEART DISEASE — 10 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CEREBRAL ARTERIOSCLEROSIS
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I VA attended the deceased from 6-14-63 to 7-31-63 and last saw him
Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Emmett D. Neal III M.D.
22b. ADDRESS: VA HOSP. JEFF. BRKS, MO.
22c. DATE SIGNED: 7-31-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/3/63
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS: Cullen & Kelly 7267 Natural Bridge
25. DATE RECD. BY LOCAL REG.: 8-1-63
26. REGISTRAR'S SIGNATURE:

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed James A. Lammers
Signature of Student Embalmer

Licensed Embalmer No. 4142

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.